

PLACE LETTER ON TOWN/CITY/AGENCY LETTERHEAD  
[Modify as noted below using F11 key to navigate. Delete "Notes to Preparer"]  
DATE

PROGRAM MANAGER or DIVISION PROJECT MANAGER  
Local Programs Management Office [Note to Preparer: Modify address as necessary]  
NCDOT  
1595 Mail Service Center  
Raleigh, NC 27699-1595

Subject: REQUEST FOR REIMBURSEMENT  
PROJECT DESCRIPTION  
TOWN/CITY of MUNICIPALITY, NAME County  
Project TIP #: NUMBER, WBS Element: NUMBER  
Request #: Request #

Dear TPC or DPM:

The TOWN/CITY of MUNICIPALITY is submitting a request for reimbursement for the above referenced project. For the billing period, we have paid the following:

|                          |            |
|--------------------------|------------|
| TOTAL EXPENSES           | = \$AMOUNT |
| LESS SALES TAX           | - \$AMOUNT |
| LESS INELIGIBLE COSTS    | - \$AMOUNT |
| ELIGIBLE EXPENSES        | = \$AMOUNT |
| 80% of ELIGIBLE EXPENSES | = \$AMOUNT |

TOTAL REIMBURSEMENT REQUEST: \$AMOUNT

Please find documentation attached to support the following payments: (Note to Preparer: add additional lines as necessary)

Invoice #NUMBER: PAYEE \$AMOUNT

TOTAL PAID \$AMOUNT (should equal TOTAL EXPENSES above)

The subcontractor payment report is attached showing payments made by PAYEE to subconsultants/subcontractors.

Please contact me at AREA CODE/PHONE NUMBER if you have any questions.

Sincerely,

AUTHORIZED SIGNER

OFFICE NAME OR CITY/TOWN OF MUNICIPALITY

Attachments: Subcontractor Payment Report

Copies of invoices/pay applications from vendor/contractor

Copies of cancelled checks (front and back) or bank statement